GI/Nausea Administrative Guideline

History

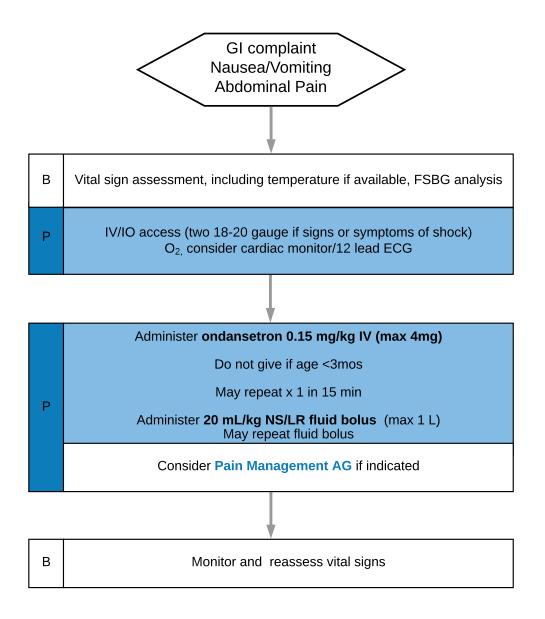
- Age
- · Time of last meal
- Last bowel movement/emesis
- Improvement or worsening with food or activity
- Duration of problem
- Other sick contacts
- Past medical history
- · Past surgical history/Medications
- Menstrual history (pregnancy)
- · Travel history
- Bloody emesis / diarrhea

Signs and symptoms

- Pain
- Character of pain (constant, intermittent, sharp, dull, etc.)
- · Distention, Constipation
- Diarrhea
- Anorexia
- Radiation
- Associated symptoms: Fever, headache, blurred vision, weakness, malaise, myalgias, cough, headache, dysuria, mental status changes, rash

Differential

- CNS (stroke, CNS lesions, trauma or hemorrhage, vertigo, migraine)
- · Myocardial Infarction
- Drugs (NSAID's, chemo, antibiotics)
- Chronic GI or renal disorders
- · Diabetic ketoacidosis
- OB-Gyn disease (ovarian cyst, PID, Pregnancy)
- Infections (pneumonia, influenza)
- Food or toxin induced



GI/Nausea Administrative Guideline

Education/Pearls:

Vomiting and diarrhea are common symptoms, but can be the symptoms of uncommon and serious pathology such as stroke, carbon monoxide poisoning, acute MI, new onset diabetes, diabetic ketoacidosis (DKA), or organophosphate poisoning. Maintain a high index of suspicion and utilize other protocols as indicated. Epigastric discomfort can be a mimic of cardiac disease, especially in elderly women and diabetic patients, and warrants an EKG in those populations. Analgesia may be administered via the Pain Management AG.

Vital signs are an important guideline in gastrointestinal illness:

- Repeat vital signs after each fluid bolus.
- Heart Rate: Increased heart rate is one of the first clinical signs of dehydration or infection, and may
 represent a reduction in volume satatus. Tachycardia usually increases as dehydration becomes more
 severe. Patients with normal heart rate are very unlikely to be significantly dehydrated.

Pediatrics:

